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The Impact of Attention and Interpretation Therapy on the Practitioner:
Beneficial for Helping Professionals?

by

Brady R. Voigt, B.S.

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

The topic of this research project is Attention and Interpretation Therapy (AIT), a mindfulness-based approach to stress reduction and increased resilience developed in 2009 by Dr. Amit Sood. The research question was: What is the impact of AIT on helping professionals? Eight qualitative interviews were conducted with licensed clinical social workers, counselors, and psychologists who have participated in six-month AIT courses. Grounded theory methodology and constant comparative analysis were used to analyze transcribed qualitative data. Seven major themes emerged, including gratitude, compassion, and acceptance; AIT principles; AIT and cognitive behavioral therapy (CBT); client impacts; practitioner use; less stress, burnout, and compassion fatigue; and community connectedness. These findings parallel those of other studies of mindfulness-based approaches and helping professionals, suggesting that AIT is an effective intervention for practitioners and clients. Findings unique to this study are discussed. Recommendations for further research and implications for social work practice and policy are also discussed.

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sustained me through this project

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*In a resource-restricted world, you are likely to find greater geniality and genuine care if
you harbor a feeling of gratitude and express it generously.*

-Dr. Amit Sood, Developer of Attention and Interpretation Therapy

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Introduction

Social work is a profession that asks much of its practitioners—to give their time and efforts to the vulnerable, oppressed, and poverty stricken (NASW, 2008). The NASW's core values include service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. Social workers gladly embrace and strive to actualize these core values (Miley, O'Melia, & DuBois, 2007).

Several obstacles, including burnout, stress, and compassion fatigue, can inhibit social workers from achieving their professional core values. Burnout is a common issue for many social workers in various fields of practice (Agresta, 2006; Butler, 1990; Elpers & Westhuis, 2008; Jayaratne & Chess, 1984; McGarrigle & Walsh, 2011; Pamperin, 1987; Redmond, Guerin & Devitt, 2008; Schwartz, 2007; Staudt, 1997). Redmond et al. state, "The prevalence and impact of stress within social work is well documented and is a discourse that is commonly associated with social work in general." (p.869).

Burnout related to the stressful nature of social work (i.e. workload, role ambiguity, clients' presenting problems, and hostile clients) has been associated with job dissatisfaction (Elders & Westhuis 2008; Jayaratne & Chess, 1984; Pamperin, 1987). Job dissatisfaction impacts client outcomes, creates absenteeism and high turnover, and makes it more difficult to attract competent individuals to social work (Butler, 1990; Jayaratne & Chess, 1986; Pamperin, 1987).

Mindfulness-based approaches to reduce stress and encourage well-being have become a catch phrase in the human service professions of social work, psychology, health care, and education as ways of combating burnout, adhering to professional values, and effectively serving others (McGarrigle & Walsh, 2011; Poulin, Mackenzie, Soloway

& Karayolas, 2008; Shapiro, Brown & Biegel, 2007; Sood, Prasad, Schroeder, & Varkey, 2011; Williams, Richardson, Moore, Gambrel, & Keeling, 2010). This research study investigated the impact of one relatively new mindfulness-based model, Attention and Interpretation Therapy (AIT), on the practices of social work, counseling, and psychology.

There is an abundance of empirical evidence suggesting mindfulness-based approaches are effective at reducing practitioner stress and improving therapeutic outcomes for clients (Birnbaum & Birnbaum, 2008; Grepmaier, Mitterlehner, Loew, Bachler, Rother, & Nickel, 2007; McGarrigle & Walsh, 2011; Shapiro, et al., 2007; Turner, 2009). The potential implications of AIT for the profession of social work include improved client-practitioner relationships—ultimately improving client outcomes, reducing stress, burnout, and compassion fatigue, restoring a higher sense of purpose and meaning in social work practice, and strengthening commitment to the betterment of those beyond the self (altruism).

The overarching research question for this study was: What is the impact of AIT on helping professionals? A qualitative research design was implemented, wherein eight helping professionals who have participated in six-month AIT courses were interviewed. For the purposes of this study, helping professionals interviewed included licensed social workers, counselors, and psychologists. Particular emphasis was given to the benefits of AIT to clinical social work practice.

Literature Review

This literature review explores the inherent stressful nature of social work, defines mindfulness, briefly explores the role of neuroscience in legitimizing mindfulness interventions, outlines different mindfulness approaches in the helping professions, and reports and compares the research findings of a variety of mindfulness-based studies pertaining to helping professionals. Core themes that emerged in the literature include stress reduction, increased awareness, self-care and well-being, and improved client outcomes. AIT, the mindfulness-based approach that this research study investigated, is summarized in this literature review as well.

Demands of Social Work

Social work is a demanding profession, especially given the reduced amount of resources available to social workers and the increased need among the populations social workers serve. Often cited in the literature is that caseloads are high, wages are low, resources are scarce, there is an abundance of organizational constraints, and clients present with a variety of challenging issues to address (McGarrigle & Walsh, 2011).

The challenges and demanding nature of social work is by no means a new phenomenon. Even given the current long-term economic downturn and relatively high unemployment in the United States and throughout the world, the field of social work is inherently stressful in nature (Jayaratne & Chess, 1984; Redmond, et al., 2008).

Nevertheless, social workers embrace the complexity of the environments and realities in which they work in order to improve the lives of others. Mindfulness practices in many ways can seek to aid social workers in their work with others, as stated by Turner, “The aim of traditional Buddhist mindfulness training to alleviate human

suffering is fundamentally compatible with the aim of social work to enhance human well-being” (2009, p. 95).

Defining Mindfulness

Mindfulness practices can be found in cultural and religious practices throughout history. One such spiritual tradition is Buddhism, an Eastern practice emphasizing personal reflection and mind-body awareness through the practice of meditation (Kabat-Zinn, 2003). A key Buddhist principle is *dharma*, meaning that things are the way they are or there are certain natural laws and characteristics of being human, such as suffering. As stated by Kabat-Zinn:

It [dharma] is neither a belief, an ideology, nor a philosophy. Rather, it is a coherent phenomenological description of the nature of the mind, emotion, and suffering and its potential release, based on highly refined practices aimed at systematically training and cultivating various aspects of mind and heart via the faculty of mindful attention... (p. 145).

In this quote, Kabat-Zinn suggests mindfulness as an approach to relieve the universal suffering humans’ experience. Mindful awareness allows us to notice what causes our suffering (i.e. greed, hatred, and ignorance) and to move beyond these patterns of thought and behavior to a place of internal acceptance and peace.

Mindfulness is defined by Birnbaum and Birnbaum (2008) as “individuals’ ability to be present, to slow down the mind in order to achieve quiet and calm, and to approach comprehensive awareness and non-judgmental observation of the numerous experiences of the self.” (p. 90). However, the more commonly used definition cited in the literature for mindfulness was developed by Kabat-Zinn: “the awareness that emerges through

paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment.” (2003, p. 145).

Neuroscience and Mindfulness

Recent developments in neuroscience provide evidence as to the effectiveness of mindfulness in altering brain functioning for the implicit outcomes of reducing stress, increasing resilience, and fostering a sense of peace and joy (Davidson, et al., 2003; Kabat-Zinn, 2003; Raffone, Tagini, & Srinivasan, 2010; Siegel, 2007; Sipe & Eisendrath, 2012; Sood, 2010; Stein, Ives-Deliperi, & Thomas, 2005). For instance, Davidson, et al., conducted a randomized, controlled research study measuring brain electrical activity among 25 participants of an eight-week Mindfulness-Based Stress Reduction (MBSR) training program led by Kabat-Zinn and 16 participants in a control group in Wisconsin (2003). MBSR is discussed in detail in the next section of this literature review.

Brain electrical activity was measured before, right after, and four months after the training was complete. The MBSR group experienced significant increases in left-sided anterior brain activation compared to the control group. Prior research has associated this part of the brain with positive affect. Also, the MBSR group experienced decreases in anxiety as measured by the *Spielberger State-Trait Anxiety Inventory* and decreases in negative trait affect as measured by the *Positive and Negative Affect Scale* compared with the control group.

Meditation and increased awareness of the present moment has been shown to strengthen brain activity in the prefrontal cortex, which is associated with positive affect, and better regulation of the limbic system (amygdala), the part of the brain associated with thoughts of negative past events, stress, and anxiety (Siegel, 2007; Sood, 2010).

Siegel notes nine self and executive functions of the prefrontal cortex which occur when structural changes take place in the brain due to mindful awareness practices, including, regulating the body, attune communication with others, emotional balance, response flexibility, insight, empathy, modulation of fear, intuition, and morality. Sood suggests a healthy balance between brain activity in the prefrontal cortex and the limbic system. He asserts that learning and practicing AIT facilitates increased brain activity in the prefrontal cortex and quiets the hyper-attentive limbic system, allowing for an adequate and realistic amount of stress in our inherently stressful world.

Mindfulness-Based Approaches

In this section the predominant and proven efficacious mindfulness-based approaches used in social work and psychology, as well as education and health care, are briefly described. The intent is to give context to the subsequent exploration of the current body of knowledge in the area of mindfulness-based interventions in the helping professions. Considerable emphasis is given to AIT in a separate section, as AIT is the model this research study investigated.

Acceptance and Commitment Therapy (ACT). Acceptance and Commitment Therapy was developed to treat those suffering from recurrent depression and stress-related disorders (Turner, 2009). In ACT clients learn primarily through metaphors to reduce emotional and physical pain by acceptance. Unlike traditional forms of Cognitive Behavioral Therapy (CBT), ACT makes no attempts to change clients' thoughts and emotions; instead encourages clients to embrace the full range of emotions, including difficult emotions (Montgomery, Kim, & Franklin, 2011). The intention of accepting all thoughts and emotional states helps the client to give up struggles that may make their

problems worse. There is no recommended duration of treatment, and ACT is individualized for specific client circumstances. In a meta-analysis of research findings, Montgomery, et al., suggest efficacy of ACT in the treatment of anxiety disorders and depression, as well as other mental and physical health impairments.

Dialectical Behavioral Therapy (DBT). Dialectical Behavioral Therapy was created by Marsha Linehan for the treatment of borderline personality disorder and suicidal behavior among women and is now also used in the treatment of chemical dependency, eating disorders, and depression (Turner, 2009). Mindfulness is an important component of DBT, as the client is encouraged to focus on one thing in the moment without judgment. Clients typically are treated each week with an hour of individual therapy and 2-1/2 hours of group therapy. In a meta-analysis, Feigenbaum outlined the effectiveness of DBT in several different research studies and treatment focuses: adults with attention deficit hyper-activity disorder (ADHD), juvenile girls with oppositional defiance and conduct disorder, suicidal behavior among adolescents, eating disorders, and emergency room crisis situations (2007).

Mindfulness-Based Stress Reduction (MBSR). Kabat-Zinn first developed MBSR in 1979 as a mindfulness intervention to alleviate the suffering of patients at Massachusetts Medical Center (Kabat-Zinn, 2003). MBSR applies mindfulness and meditation practices including mindful hatha yoga to individuals' immediate experiences of stress, pain, and illness. Kabat-Zinn states that MBSR empowers participants to assume greater responsibility for their well-being and health by allowing them to pay deeper attention and gain personal insight into the mind-body connection. MBSR protocols typically involve eight weeks of weekly 2-1/2-hour group sessions with a full-

day silent retreat, and participants are expected to practice a variety of mindfulness meditation exercises 45 minutes per day, six days per week (Poulin, et al., 2008).

MBSR is a widely used and studied stress reduction model that has shown to reduce stress, anxiety, and negative affect. Tacon, Caldera, and Ronagham (2004) recruited 27 women diagnosed with breast cancer to partake in a standard MBSR training program. Statistically significant decreases in stress, state anxiety, as well as, improved mental adjustment to cancer and health locus of control scores were discovered among the women with breast cancer upon completion of the MBSR program. The measurement tools in this study included the *Spielberger State-Trait Anxiety Inventory*, *Mental Adjustment to Cancer Scale*, and the *Multidimensional Health Locus of Control Scale*.

Mindfulness-Based Cognitive Therapy (MBCT). Mindfulness-Based Cognitive Therapy employs elements of MBSR and CBT primarily for the prevention and treatment of the chronically depressed (Turner, 2009). Like MBSR, MBCT is eight weeks of 2-1/2-hour long sessions each week and coinciding mindfulness practice homework. Clients in remission from depression may prevent another episode of depression from occurring by accepting ruminations associated with their depression and letting them go.

MBCT provides clients a new experience of relating to their thoughts and feelings and places little attention on changing thoughts that may be disruptive to them (Sipe & Eisendrath, 2012). The mindfulness component of MBCT is expressed with nonjudgmental awareness of thoughts and feelings moment to moment, whereas traditional CBT may seek to fix or change thought patterns. As with traditional CBT,

homework and behavior activation is involved, and clients are encouraged to spend 45 minutes a day practicing mindfulness activities.

MBCT has shown to be effective in treating both active and non-active depression as well as anxiety. Kenny and Williams studied the effectiveness of MBCT on clients who were currently experiencing depression and had not responded fully to standard treatments (2007). Clients had to meet criteria for a *Diagnostic statistical manual IV* (DSM-IV) diagnosis of major depressive disorder, bipolar affective disorder, depressed phase, or dysthymia. They found that MBCT resulted in an improvement in depression scores, with a significant number of the participants returning to normal or near normal levels of mood. Their study included 79 clients who participated in eight MBCT sessions during a two-and-a-half-year period at an outpatient CBT mental health clinic in the United Kingdom.

Mindfulness-Based Wellness Education (MBWE). MBWE is a lesser known and researched mindfulness approach developed by Poulin, et al. (2008) as a stress reduction intervention for bachelors of education students (teachers in training). MBWE is modeled after MBSR and includes a focus on health and wellness experiential learning. Participants use a wellness workbook and an MBSR CD and are asked to practice meditation independently 15 to 20 minutes a day, five days per week. Health promotion centers on skills that facilitate mindfulness in seven dimensions of well-being: physical, social, emotional, ecological, mental, vocational, and spiritual. The results of one study by Poulin, et al. of 28 teachers in training who participated in an MBWE intervention had significantly higher levels of mindfulness, satisfaction with life, and teaching efficacy as compared to the control group of 16 teachers in training.

Stress Reduction for Helping Professionals

A number of recent academic articles on the topic of mindfulness among helping professionals suggest that mindfulness may decrease stress levels for social workers, mental health therapists, nurses, doctors, and teachers (Isha, et al., 2010; McGarrigle & Walsh, 2011; Poulin, et al., 2008; Prasad, Wahner-Roeder, Cha, & Sood, 2011; Shapiro, et al., 2007; Sood, et al., 2011).

For instance, in a mixed method study of nine social workers and three counselor support workers at a non-profit mental health agency in Alberta Canada, McGarrigle and Walsh evaluated the effectiveness of an eight-week meditative group model to see if the participants increased levels of self-care, awareness, and coping strategies (2011). Results from their study indicate that on the *Perceived Stress Scale* and *Mindfulness Attention and Awareness Scale*, stress significantly decreased and mindfulness and awareness significantly increased.

Other mindfulness-based studies garnered similar results to that of McGarrigle and Walsh (2011). Using the eight-week MBSR model, Shapiro, et al., investigated therapists in training at a master's level counseling psychology program in the United States (2007). Their quantitative findings suggest that participants of the MBSR group reported significant declines in stress compared to the control group. Fifty-four students participated in the study and were given a *Perceived Stress Scale* test at the beginning of the course and at the end of the course.

Nurses and teachers also experienced the positive benefits of mindfulness interventions in two separate studies conducted by Poulin, et al. (2008). Forty nurses and nursing assistants participated in one study evaluating the effectiveness of brief MBSR

(bMBSR) compared to brief imagery and progressive muscle relaxation (bIPMR). Both the bMBSR group and the bIPMR group participants showed significant increased levels of relaxation on the *Maslach Burnout Inventory* and in life satisfaction on the *Satisfaction with Life Scale*. Twenty-eight teachers in a separate Poulin, et al. study from 2008 participated in a MBWE program and results from this study indicated increased levels of mindfulness, satisfaction with life, and a greater sense of well-being, on the *Kentucky Inventory of Mindfulness Skills* scale.

A unique qualitative study of four graduate counseling students and practicing therapists explored four different self-care strategies: mindfulness meditation, autohypnosis, music, and spirituality (Williams, et al. 2010). One of the four students practiced mindfulness and meditation rooted in Kabat-Zinn's approach of paying attention to the breath and observing passing thoughts and feelings.

The student reported having a background in mindfulness with more than ten years of training and personal practice, but because of the demands of doctoral studies, meditating had become intermittent for her. The student stated, "I decided to see how a more routine practice of mindfulness meditation would help me to better serve my clients and prevent the accumulative negative effects of stress on my own wellbeing." (Williams, et al., 2010, p. 325). The student reported after one to two weeks of mindfulness meditation before each therapy session and journaling after each session, that even though she felt an increased sense of connection with clients, her stress had not elevated, and she found the routine practice of mindfulness meditation to be nourishing.

AIT and Stress Reduction. Mayo Clinic has also found promising results that AIT and a brief mindfulness meditation training may decrease stress and increase

resilience (Prasad, et al., 2011; Sood, et al., 2011). In a study of 17 female Mayo Clinic employees, Mayo Clinic physicians held a two-hour group meditation training session from their Complementary and Integrative Medicine Program (Prasad, et al., 2011). The study participants were then expected to practice meditation daily (morning and evening) for four weeks using a take-home DVD offering three meditation options: 5-, 15-, and 30-minute guided meditations. Participants were asked to journal about their experiences. Results were measured using several scales: *Perceived Stress Scale*, *Linear Analogue Self-Assessment Scale* (measuring quality of life in terms of overall mental, physical, emotional, social, and spiritual well-being), and *Smith Anxiety Scale*. In all three scales, participants' scores significantly improved when compared to their baseline scores.

In a Mayo Clinic study more directly related to AIT, similar results were found among Mayo Clinic academic clinicians (Sood, et al., 2011). Thirty-two academic clinicians participated in the study, which included a single 90-minute Stress Management and Resiliency Training (SMART), a training rooted in AIT. Participants were given the *Connor Davidson Resilience Scale*, the *Perceived Stress Scale*, the *Smith Anxiety Scale*, and the *Linear Analog Self Assessment Scale* at the beginning of the study and then eight weeks after the training. The results found significant improvements to resiliency, perceived stress, anxiety, and overall quality of life among the physicians eight weeks after the training, compared to the control group, who did not participate in SMART.

Increased Awareness

Much of the current body of knowledge suggests that increased awareness is an outcome of mindfulness practices (Birnbaum & Birnbaum, 2008; Brenner, 2009; Poulin,

et al., 2008; Shier & Graham, 2011). In the Poulin et al. study, as described in the *Stress Reduction for Helping Professionals* section of this literature review, the bachelor of education students who partook in the MBWE program significantly improved their *Act with Awareness* subscale scores on the *Kentucky Inventory of Mindfulness Skills* (KIMS) Scale.

Brenner (2008) investigated the impact of long-term Zen meditation on the clinical work of ten social workers with social work experience ranging from 4 to 29 years. The ten clinical social work participants interviewed in this qualitative study had practiced Zen meditation from 5 to 24 years. Awareness was one of three major themes discovered using a constant comparative method of qualitative data analysis. The clinical social work participants reported feeling a high degree of awareness when meeting with clients. They reported being entirely present with clients, paying a great deal of attention to the clients' social context, and being able to suspend hypotheses (keeping an open mind) and feeling a sense of groundedness, with one respondent stating Zen meditation allows for "an intuitive, internal non-verbal sense of trust in that which you are." (p. 466).

In a meta-analysis of mindfulness in social work theory and practice, Birnbaum and Birnbaum note that recent research demonstrates that mindfulness practice can ultimately achieve greater self-awareness (2008). Birnbaum and Birnbaum state, "The most cited outcome described in the mindfulness literature is undoubtedly the ability to develop self-awareness." (p. 95). The authors cited several studies; one study of particular significance to this research proposal is Birnbaum (2005). In this study of 50 first, second, and third year undergraduate social work students who participated in one to four mindfulness workshop sessions, 44 out of the 50 reported increased self

awareness with the following themes emerging through qualitative data analysis:

reassurance of self, letting go, connecting to your inner voice, emotional flooding, self guidance, abilities of self, and professional self concept.

In one study of the subjective wellbeing (SWB) of social workers in Alberta, Canada, Shier and Graham (2011) interviewed 13 social workers with the highest SWB scores out of a group of 700 social workers in an effort to investigate how wellbeing is sustained among social workers. One of the themes identified using analytic induction and constant comparison qualitative data analysis was having awareness of self internally and externally. Within this theme included subthemes about awareness, which include, being mindful of personal needs, being mindful of interactions with others and how one perceives themselves within their external environment, and that awareness greatly impacts their overall SWB, job satisfaction, and life in general.

Self-Care and Well-Being

Several studies suggest that mindfulness approaches facilitate self-care among helping professionals (Isha, et al., 2010; McGarrigle & Walsh, 2011; Poulin, et al., 2008; Shapiro, et al., 2007). As explored in the previous sections of *Demands of Social Work*, *Stress Reduction for Helping Professionals*, and *Increased Awareness*, self-care strategies are inextricably tied to reducing stress and improving coping skills and one's overall state of wellbeing (McGarrigle & Walsh, 2011).

One study aimed at examining self-care improvement discovered that 22 therapists in training participants of an MBSR course reported statistically significant decreases in perceived stress, negative affect, state and trait anxiety, rumination, as well

as significant increases in positive affect and self compassion as compared to two control groups comprised of 32 therapists in training (Shapiro, et al. 2007).

Improved Client Outcomes

Not only can mindfulness approaches reduce stress and improve self-care among helping professionals, they may also improve client outcomes (Birnbaum & Birnbaum; 2008; Brenner, 2009; Grepmaier, 2007; Kabat-Zinn, 2003; Turner, 2008). The Zen meditation practitioners in the Brenner study found themselves as social workers to be very nonjudgmentally present-focused and on the same level with their clients, possessing a groundedness in their one-to-one sessions with clients.

Birnbaum and Birnbaum (2008) give several examples of how mindfulness concepts can be empowering and transformative to the client:

- (a) The existence in every person of a higher inner self separate from the ego; (b) the potential of all individuals to change their state of consciousness; (c) the existence of metaphysical wisdom accessible by the higher self via change of consciousness, allowing development of intuitive capacities to achieve knowledge and healing. (p. 92).

In a study that directly links mindfulness practitioners to client outcomes, Grepmaier, et al. (2007) discovered that psychotherapists in training that practiced Zen meditation had improved client outcomes. The study examined the treatment outcomes of 124 inpatients of a psychosomatic hospital in Germany over nine weeks. Eighteen psychotherapists in training were recruited for the study, nine meditated, and nine did not for duration of the study.

The measurement scales for this study included: *General and Differential Individual Psychotherapy (STEP)*, a German tool for measuring factors influencing the therapeutic process; *Questionnaire of Changes in Experience and Behavior (VEV)*, a German tool which quantifies subjectively perceived changes in experience and behavior between the poles of relaxation, stoicism, and optimism on the one hand and tension, insecurity, and pessimism on the other; and *Symptom Checklist (SCL-90-R)*, which measures subjectively perceived impediments though 90 of the person's alleged physical and psychological symptoms during the previous seven days. Psychotherapists in training that practiced meditation had better patient outcomes on all three scales as compared to the non-meditation control group.

Attention and Interpretation Therapy (AIT)

The focus of this research study was Attention and Interpretation Therapy and its impacts on helping professionals (social workers, counselors, and psychologists). AIT is a relatively new mindfulness-based approach based primarily on recent developments in neuroscience. Dr. Amit Sood, director of Research and Practice and Complementary and Integrative Medicine at Mayo Clinic in Rochester, Minnesota developed AIT and published a book and training manual in 2009. In 2012, AIT was taught to approximately 10,000 learners, many of whom are affiliated with Mayo Clinic (Fuehrer, 2012). The following subsections briefly expand on the specific components of AIT, which include Attention and Interpretation, Focused and Default Modes, Joyful and Kind Attention, and Interpretations and Higher Principles.

Attention and Interpretation. The basic premise of AIT is to foster an intentional awareness to what we give *attention* to and how we *interpret* information and

experiences moment-to-moment (Sood, 2010). Instead of an obsessive internal focus on the self, and past and present thoughts and experiences (attention black holes), which Sood suggests are two imperfections of the brain based on his review of neuroscience research, AIT suggests a mindfulness focus on the external world in the here-and-now and living from a place of higher principles that allow for the correction of the brain's imperfections. The five core principles discussed at length in Sood's book are *gratitude*, *compassion*, *acceptance*, *higher meaning and purpose*, and *forgiveness*.

Focused and Default Modes. Sood makes note of two primary networks in the brain: focused and default modes. Focused mode is associated with external attention, helping us pay attention to the external world (Sood, 2012). In contrast default mode is internally focused on the self and excessive thinking, which Sood describes as, "planning, problem solving, ruminations, and worrying" (p. 1). Sood suggests that default mode is associated with stress, anxiety, depression, and attention deficit.

Joyful and Kind Attention. The remedy given for keeping default mode in-check and allowing focused mode to flourish is mindfully changing what we pay attention to—the world around us instead of ourselves. (Sood, 2010). Sood suggests two primary ways of diverting our attention away from ourselves: paying attention to novelty and the outer-world. Novelty is one of three primary areas in which our brains tend to give attention, and an area that enhances joy and allows for focused mode to be activated (Sood, 2012). Sood refers to this as *Joyful Attention*: delaying judgment whereby one pays attention to nature, loved ones, simple things in the physical environment, the weather, and more.

Kind Attention refers to Sood's second suggestion for changing what we pay attention to—those around us. *Kind Attention* is focusing on others and attending to them with compassion, acceptance, love, and forgiveness (Sood, 2012). Sood describes exercises in his publications like silently blessing people as one passes them by or wishing people well, including strangers and acquaintances. With daily prescribed practices of *Joyful Attention* and *Kind Attention*, Sood suggests the focus of our attention changes and we start living less in default mode and more in focused mode, decreasing stress, anxiety, depression, and attention deficit (Sood, 2010).

Interpretations and Higher Principles. Interpretations allow us to make sense of information we receive (Sood, 2010). Interpretations are influenced by our knowledge, experiences, and preferences. As part of the brain's imperfections and need to categorize things as good or bad, too often our interpretations come from our prejudices or self-interested preferences, causing us stress and negativity. Based on Sood's review of neuroscience research and what increases higher cortical brain activity, he suggests becoming intentionally aware of five core principles and incorporating them into our lives, they are *gratitude, compassion, acceptance, higher meaning and purpose, and forgiveness*.

Again, as with *Joyful Attention* and *Kind Attention*, Sood encourages daily exercises in fostering awareness for these principles to increase resilience and joy and reduce stress (Sood, 2010). One exercise he suggests is to divide the principles into a daily focus, i.e. Monday is Gratitude and Tuesday is Compassion, special consideration and meditation should be given to these higher principles on the corresponding day of the week.

AIT Compared to Other Mindfulness-Based Approaches. AIT differs from other mindfulness-based approaches in that daily practice exercises are aimed at getting outside of the self, instead of focusing internally through traditional forms of mindfulness meditation (Sood, 2010). When we go inside ourselves, we often fall into the default mode of the brain and allow attention black holes, rumination, and worry to absorb our energy and focus. Sood believes that in the modern world, it is even more difficult to allow our minds to be anchored in the present:

The breath and the body would be the ideal anchors for your attention training, but in the modern world they have a few limitations: 1) You have to set aside extra time to practice body or breath awareness; 2) Training in the body and breath awareness is a slow process; 3) Your breath is formless and with the eyes closed, the body is imperceptible. Hence in the initial stages, the breath and the body may not provide the structure you need to anchor your awareness; and 4) Your body and breath are very close to, and interconnected with, the mind. In the early stages of training, if your attention is mostly with the body or the breath, you are likely to slip into the mind and then into the past and future. (2010, p. 127).

Not only does AIT encourage the practitioner to get outside of the self, it also is designed to be something practiced throughout the busyness of each day, instead of engulfing large periods of time away from our demanding lives. This is because the world is always available to us, whether we are at home with our families, at our workplace, or in the community, we can intentionally tune-in with greater presence. AIT

encourages inner work and meditation/prayer, however in the initial stages of training attention, Sood suggests getting outside of the self.

Finally, AIT intentionally incorporates spiritual principles, which Sood believes is AIT's greatest strength; they include *gratitude, compassion, acceptance, forgiveness, and higher meaning and purpose* (2010). Other forms of mindfulness practices may not overtly incorporate such principles. As mentioned above, these principles are associated with refining our interpretations of how we experience life moment-to-moment. Incorporating these principles into mindfulness practice Sood suggests, encourages us to rely less on our biased prejudices and self-centered preferences and to be more altruistic in our approach to any given situation. Sood writes, "A genuine selfless concern for the welfare of others is an essential ingredient toward individual wellness and happiness. Such a focus is also likely to enhance individual relationships. . ." (p. 119).

Limited AIT Literature

Though there is an abundance of literature on mindfulness approaches in the helping professions, studying both helping professionals and those they serve, AIT is a relatively new mindfulness-based approach and has not been studied at length outside of Mayo Clinic and three published medical research articles there (Loprinzi, et al., 2011; Prasad, et al., 2011; Sood, et al., 2011). Mayo Clinic's AIT research coordinator, Debbie Fuehrer, provided this researcher with a list of all available literature on AIT. Given the limited amount of available literature on AIT outside of Mayo Clinic, this research study attempted to address how AIT impacts the work of helping professionals in order to strengthen the body of knowledge on this topic.

Summary and Research Question

Social work is an incredibly rewarding but challenging profession. In order to serve clients to the best of their abilities and sustain their practice over time, social workers must manage their stress and take care of themselves. By its very nature, the concept of mindfulness allows for social workers to potentially reduce stress, increase awareness, and improve client outcomes. Developments in neuroscience reinforce the age-old mindfulness practices of meditation and yoga, as well as, simply noticing thoughts, emotions, and present experiences and accepting them for what they are.

The four main desired outcomes of AIT are peace, joy, resilience, and altruism (Sood, 2010). Sood suggests that our brains can be altered to facilitate these outcomes by changing what we pay attention to and how we interpret our experiences. Changing the brain requires intentionality, effort, and persistence, and does not happen quickly. However, the potential outcomes of AIT may be of benefit to social work practitioners. The primary mission of social work is to enhance human well-being and empower others (NASW, 2008). It is in the spirit of this mission that this research study was conducted. The overarching research question of this study was what is the impact of AIT on helping professionals?

Conceptual Framework

The conceptual framework in which this research study was grounded is *transpersonal theory* with an emphasis on the *ecological perspective*. Transpersonal theory is rooted in the notion that humans are capable of higher states of consciousness that can be transformative and spiritual in nature (Crowley, 1993). The term transpersonal psychology is often used interchangeably with transpersonal theory in the literature. At the center of transpersonal theory is spirituality and higher levels of personal consciousness. The basis of this research (mindfulness) is considered a higher state of consciousness.

Transpersonal theory was developed by several theorists and moves beyond humanistic self-actualization to self-transcendence (Crowley, 1993). Where as Western psychology associates a strong ego with adequate mental health and personal well-being, transpersonal theory asserts that humans are capable of higher levels of consciousness in which Eastern philosophies are rooted. Birnbaum and Birnbaum write, “Accepting the possibility of such a metaphysical reality [higher states of consciousness] invites social workers to remain open to diverse non-rational experiences in their clients and themselves” (2008, p. 88).

As previously mentioned, developments in neuroscience are providing some legitimacy for mindfulness-based approaches to stress reduction and enhanced well-being. However, transpersonal theory integrates major Western approaches of psychology, such as dynamic, behavioral, and humanistic theories, with Eastern spiritual traditions such as Buddhism and Taoism that date back 2,500 years. Transpersonal theory provides a holistic approach to social work practice as well. Crowley writes,

“Transpersonal theory is the only theory that focuses on the spiritual dimension and legitimates the development of higher states of consciousness as being exceptionally healthy or as representing the epitome of human potential” (1993, p. 527).

Mindfulness and Personal Growth

Transpersonal theory was the basis of this research project because AIT is rooted in mindfulness (a higher level of consciousness) and personal growth. Mindfulness practice is historically associated with Buddhism and gaining personal insight.

Humanistic theory, which led to transpersonal theory, emphasizes human potential and motivation, which are necessary for the requirements of AIT and for social work practice. Transpersonal theory also suggests that humans are capable of moving beyond a self-focus, which AIT addresses with the principles of gratitude, compassion, higher meaning and purpose, forgiveness, and acceptance, as well as exercises rooted in joyful and kind attention.

Crowley and Derezotes write, “To understand the unique domain of transpersonal psychology, then, it helps to trace how it emerged out of the human growth and potential movement after World War II and expanded into the 1960s” (1994, p. 35). Abraham Maslow can be credited as one of the founders of humanistic theory, which suggests people strive towards self-actualization, or as Maslow later indicated, self-transcendence (Crowley, 1993). Self-transcendence, Maslow believed, was a state of being beyond self-actualization to a state of spiritual connectedness and personal wholeness.

Transpersonal Theory and Social Work Practice

Cowley and Derezotes (1994) outline the compatibility between transpersonal theory and social work practice. Both transpersonal theory and social work practice are

interested in humans reaching their full potential and are concerned with individual quality of life and the alleviation of collective suffering and social injustice. Social work is a values-based profession rooted in the beliefs of human dignity, self-determination, and priority to the poor and vulnerable (Social Work for Social Justice: Ten Principles, 2006). Transpersonal theory holds similar values to social work (Crowley & Derezotes, 1994). This is due to the transcendent quality of transpersonal theory, in which individuals can move beyond a reality of just themselves (individuality) into a collective reality with greater concerns beyond the self.

An Emphasis on the Ecological Perspective

One concept that sets social work apart from the field of psychology is the *ecological perspective* (Barker, 2003; Brandell, 2011; Miley, et al., 2011). Using the organizational framework of the ecological perspective, social workers consider the relationship between individuals and the larger social context (person-in-environment) (Barker, 2003; Brandell, 2011; Miley, et al., 2011). Therefore, the NASW charges that social workers consider micro (individuals, families, and groups), mezzo (organizations and communities), and macro (society and the political economic context) levels of influence in human well-being (NASW, 2008). The following questions were included in the interview schedule to address how helping professionals believe AIT influences their work on the micro, mezzo, and macro levels: *How has AIT training influenced your work with clients? How has AIT training impacted your interactions with your workplace (agency) and/or community? How do you believe AIT has influenced the way in which you view and/or act in the broader social context?*

Methods

This research study addressed the question: What is the impact of AIT on helping professionals? This section outlines the methodology of the research study.

Research Design

Semi-standard exploratory qualitative interviews, as described in Berg (2009) were used to capture participants' meanings, experiences, concepts, and definitions related to AIT and how AIT has impacted them professionally. Because AIT is a relatively new mindfulness-based approach to stress reduction and wellness enhancement, qualitative, exploratory research allowed the conversation to move in many different directions, which consequently may shape future AIT research.

The primary research goal was to discover how AIT has impacted individual helping professionals. The research question what is the impact of AIT on helping professionals was intentionally open-ended for this purpose. According to Berg (2009), qualitative interviews elicit more accurate responses compared to surveys. Also, qualitative interviews are more effective in gathering complex information, such as personal experiences, as compared to quantitative measures (Monette, Sullivan, and DeJong, 2011).

Sample

A purposive sample, as described in Monette, et al., (2011) was used to choose helping professionals who have completed a six-month AIT course taught by Dr. Amit Sood at Mayo Clinic in Rochester, Minnesota. Participants were expected to have at least two years of postgraduate practice experience. Upon Institutional Review Board (IRB) approval, AIT research coordinator, Debbie Fuehrer and AIT developer, Dr. Amit Sood,

provided the contact information of eight past AIT course participants employed as licensed social workers, counselors, or psychologists for the purposes of this research study. Professional roles of participants included mental health therapists and mental health counselors.

Protection of Research Participants

Participation in this research study was voluntary, and the risk level for this study was low. Participants were given a copy of the interview schedule prior to deciding to participate. All potential participants reviewed and signed the consent form prior to deciding to participate (See Appendix II). The consent form stated that participants might choose to discontinue their participation in the study at any time. The consent form was based on a template from the IRB at St. Catherine University and consisted of background information of this research study, research procedures (audiotaped interviews), potential risks and benefits of participating (low risk, no direct benefits), and confidentiality controls. Participants signed the consent form just prior to being interviewed. Participant names were not identified in data collected to ensure confidentiality. Printed transcripts were kept in a locked drawer in the researcher's home office. All electronic data was stored on a password-protected, private computer.

Research Setting

Participants of this study were licensed social workers, counselors, and psychologists from a city of over 100,000 people in the Midwest and its surrounding rural communities. The research interviews took place in the participants' professional office space. Two interviews were conducted over the phone. One-to-one, confidential interviews were conducted. Interviews were audiotaped.

Instrument

Because AIT was created in 2009 and continues to be developed, with little research outside of Mayo Clinic investigating its effectiveness, qualitative, exploratory research was conducted. Semi-standard qualitative interviews, as described in Berg (2009) were used to capture participants' meanings, experiences, concepts, and definitions related to AIT and how AIT has impacted them professionally. The interviews were audiotaped and transcribed.

The instrument for this research study was a semi-standardized interview schedule (See Appendix III). Demographic questions included information as to the participants' credentials, experience with mindfulness-based approaches in the past, reasons for participating in AIT training, and the date in which AIT training was completed. Research project committee members reviewed the interview schedule, as well as the AIT research coordinator at Mayo Clinic, to increase validity and reduce researcher bias.

Data Collection

Data collection was completed using the following steps:

Step 1. The names of eight helping professionals from the areas of social work, counseling, and psychology were released from AIT participant records by the AIT research coordinator upon IRB approval from St. Catherine University in January 2013.

Step 2. A letter briefly explaining the nature of this research study, the consent form, and the interview schedule was e-mailed to the prospective participants (See Appendices). One follow up e-mail or telephone call was conducted within eight business days of sending the initial e-mail or letter. Interested candidates were asked to

sign the consent form just prior to being interviewed to allow them to ask additional questions.

Step 3. Participant interviews were conducted in February and March 2013.

Step 4. Audiotaped interviews were conducted in the participants' place of employment or over the phone on a confidential basis.

Step 5. Interview transcripts were mailed to participants upon their request.

Data Analysis

This researcher transcribed the audiotaped interviews. Transcribed data was analyzed using grounded theory methodology outlined in Monette, et al., 2011. All transcripts were first read consecutively. Subsequently, the transcripts were reviewed with themes noted. When participants touched on a particular concept more than once, or used strong, direct, and clear language in articulating a concept, sub-themes and themes emerged. Therefore, findings were generated from the data and were not based on any preconceived hypotheses. Grounded theory methodology uses an inductive approach to analyze data and is recommended for use in exploratory research (Monette, et al.).

Parallel and contrary findings among participants were identified using constant comparative analysis. Because this study is exploratory in nature, unique findings and/or particularly interesting findings were also highlighted.

Researcher Bias

The researcher personally believes AIT is an effective mindfulness-based stress reduction and resiliency model and anticipated that participants in this study may feel the same way. This strengthens the study in that this researcher has personal experience reading about AIT and practicing some of the suggested exercises. However, this

researcher may also be blinded by his belief in AIT's effectiveness and this may influence the interview schedule and face-to-face interviews due to transference. To attempt to address this bias, the interview schedule was reviewed by research committee members to avoid leading questions or narrowly focused questions. Thorough scrutiny of the data helped, and the inductive approach ensured adequate themes emerged, regardless of any preconceptions the researcher possessed.

This researcher's bias towards mindfulness practices derive from inner work he completed in an elective course in his master's of social work program entitled *Integrative Psychotherapy*. The course required 20 to 30 minutes of daily meditation as well as guided insight meditation practices in class and independently. Required texts included *Awakening Joy* (2010) and *Pocket Pema Chodron* (2008), both of which are rooted in Buddhism. A variety of integrative modalities and articles were also explored. The course was transformative to this researcher personally and professionally as a graduate-level social work student.

This researcher has also experienced mindfulness meditation practices in an arts and wellness-based special education program for disadvantaged youth in St. Paul, Minnesota in which he was a foundation-level social work intern. These experiences stirred this researcher's interest in AIT. This researcher has incorporated AIT principles into his life both personally and professionally. This researcher subscribes to the neuroscience rationale of AIT and believes it may be more effective than traditional forms of mindfulness-based interventions in reducing stress and improving well-being as well as garnering a genuine sense of altruism. This researcher intends on completing formal AIT training after his graduate studies are completed.

Findings

Seven major qualitative themes emerged with respect to the impact AIT had on helping professionals, including gratitude, compassion, and acceptance; AIT principles; AIT and CBT; client impacts; practitioner use; less stress, burnout, and compassion fatigue; and community connectedness. This section outlines participant descriptive findings as well as addresses each theme using direct quotes from research participants. It should be noted that participants' quotes regarding themselves, their professional use of self, and client outcomes are presented throughout the findings and are not distinguished in any way except for the themes of practitioner use and client impacts. For instance, in the theme of gratitude, compassion, and acceptance, both practitioner and client experiences are discussed.

Description of Participants

All those asked to participate in this study did. Six of the interviews occurred in person, and two occurred over the phone. Participant emphasis was given to licensed clinical social workers. Three of the eight participants were licensed independent clinical social workers (LICSW), and one participant was an undergraduate instructor with master's degrees in both social work and teaching psychology. Two of the eight participants were licensed professional clinical counselors (LPCC), and two participants were licensed, PhD psychologists (LP).

Seven of the eight participants worked in direct practice with individuals, families, and groups. Six of the eight participants were employees of Mayo Clinic in Rochester, Minnesota working in inpatient hospital settings or outpatient mental and behavioral health settings with children, adolescents, adults, and families. Of the two

participants not employed by Mayo Clinic, one was an LPCC doing direct family practice for a community-based mental health agency, and the other was a college-level psychology and human services instructor. Length of practice among the LICSWs varied from 15 to 18 to 33 years of practice. One LPCC had two years of practice experience, and the other had eight years of practice experience. One LP had 13 years of practice experience with the other having 16 years of practice experience.

The sample consisted of five female participants and three male participants. Racial and cultural identity varied among the participants. Five participants identified as Caucasian, one participant identified as Caucasian-Native American, one participant identified as Hispanic, and one participant identified as Irish-American. Two participants completed the six-month AIT training course in 2010. Four participants completed the course in 2011, and two participants completed the course in 2012. All participants took the AIT course out of personal interest. Four of the eight participants had experienced some sort of mindfulness-based training prior to AIT, three of which had taken Mindfulness-Based Stress Reduction (MBSR).

Gratitude, Compassion, and Acceptance

The principles of *gratitude*, *compassion*, and *acceptance* were the most predominant AIT concepts utilized by the participants. In fact, all eight participants discussed at least one of these principles in a major way. Participants used the principles both with clients and with themselves. The following are some participant excerpts pertaining to these three principles.

Gratitude. The principle of gratitude was the most popular principle discussed. All participants discussed gratitude in some way. The first quote is an example of one participant's experience of the AIT joyful attention practice of morning gratitude.

And some of the basic exercises, like gratitude, before your feet hit the floor in the morning, naming three to five things that you're grateful for. And joyful attention or kind attention have had a really nice centering effect...

... For me gratitude has been the most, simplest of the interpretive principles to integrate. And for me it's been the best driver towards acceptance.

Gratitude is the pathway to acceptance, I think, from my experience. (Participant 8, pages 4, 5, lines 72 – 74 and 92-94).

The following quote pertains to the work this same participant was doing with the mother of a child with a terminal illness.

The example that comes to mind was a mom that was in a situation where she was losing her child to this chronic, progressive illness. There was uncertainty about how that would unfold, but she knew that eventually her child was going to succumb to this illness. She was really kind of panicked about feeling as though the grief and anxiety were overwhelming her, and in a lot of ways just not letting her be present with her child, and she desperately wanted to remain present. I think in that context some of the attention training . . . gratitude became really important for her. She ultimately described it as the anchor that kept her present with her child. There was kind of this metaphor for waves of grief and anxiety that were trying to sweep her away, but her gratitude for the eight years she'd had with her child really allowed her to stay more present. I

thought that was a really fantastic example of the power of AIT principles.
(Participant 8, pages 1-2, lines 13-24).

Another participant noted how helpful the principle of gratitude had been with one of her breast cancer patients going through divorce, struggling financially, and battling breast cancer.

You know, showing them gratitude, that's the very, very first one. If she's grateful for what she does have, it helps her not focus on the bad so much. You know, the negative things that had happened. Because once you focus on the negative, that primes you to think of more negative files. So if I say, okay, for your very first homework assignment, as soon as you wake up in the morning you think of five things you're grateful for. And it moves her to the different part of her brain—the prefrontal cortex, to the higher cortical center, and just by focusing on that you start being primed to look for the positive as well. So it's not Pollyanna, like "Oh lets just think good thoughts." It has to be something that really resonates with her. So I had her start by looking at her children and having pictures of her children by her bed as soon as she woke up. And the fact that she did have other support and other skills, like for example photography. So, "Hey, put some of your favorite pictures by your bed and that reminds you of the things you do have." And that changed her focus. (Participant 1, p. 6, lines 126-138).

Compassion. Compassion was another AIT principle that resonated with participants. Seven out of eight of the participants mentioned the principle of compassion during their interviews. The following are two participant excerpts exemplifying practitioner use of this principle.

But then of the higher principles, probably compassion is the one that I talk about the most. A lot of my therapy has to do with interpersonal conflicts and stress related to that. So compassion for the other person and thinking about that can decrease anger and resentment and frustration. I think these are things I've done in my practice any way, AIT just gives me a different language for describing concepts I think are important to therapy...

... I sprinkle AIT throughout my therapy—and I think elevating compassion has made me think about the importance of the work with all my patients. Especially self-compassion. There's one patient I'm seeing for weight loss, and she's been so discouraged and so frustrated, and I think the concept of self-compassion has helped her. (Participant 7, pages 1-2, lines 7-14 and 38-42).

A second participant mentioned his use of the principle of compassion in working with a young gay man struggling with his sexuality.

I'm thinking of a particular student who was not at all comfortable with his sexual orientation. He was rejecting himself. He just did not want to be gay. Just by being very compassionate with this student. Helping him to go to his higher brain, we worked through so many "what if" scenarios, like, "what if your mom and dad find out?" "What's the worst thing that could happen?" "How do you think you might handle that?" "How do you want to be able to handle that?" I think his level of discomfort about being gay has more to do with what other people will think of him, than it does about being gay. So it's his fear of rejection, and of course that story can be repeated, many, many, many times. ... This student has a long way to go, but I think helping him access the higher cortical

center of his brain has helped him a lot, especially using the AIT principle of compassion. (Participant 6, p. 4, lines 69-80).

Acceptance. Along with gratitude and compassion, multiple participants echoed the principle of acceptance. Five of the eight participants mentioned their experiences incorporating acceptance into their work or personal life. One participant discussed acceptance in the context of considering his place in the world.

I think over all it's given me a different perspective on working here [Mayo Clinic] and being in the community—more acceptance—I guess that's the best way to say it. Acceptance of the way things are, the way things are developing, the way things are going. Knowing that I only have control over certain things. I guess kind of at the mezzo level, or macro level even more so, being okay with where I am at in all of this—this big picture. (Participant 2, pages 1-2, lines 21-27).

A second participant shared a story about a client who's father had Alzheimer's Disease and the client was struggling to connect with his father, but through acceptance was able to connect with him.

One guy shared with us how, as his father was dealing of Alzheimer's, he was struggling when seeing him. What he started to notice when visiting his father, because he was opening up his fear of looking at things differently. He was giving more spacious noticing of things and he noticed that the people at the place where his dad lived were interacting with his father as if that's all they knew. And that was all they knew. And by seeing them interact with his dad that way, he was able to see, "Oh my God, I'm expecting him to be the way he used to

be, but these guys are there to show me how to see him just as he is.” The whole acceptance thing—seeing things as they are, not as I want them to be. So the whole experience of acceptance just expanded his ability to be able to connect with his dad, in that moment, on that day, where he was, how he was, and let go of what might be or what might not be. He would cite that the AIT helped him to be more open to seeing things differently. (Participant 4, p. 7, lines 138-149).

AIT Principles

Though participants mentioned the AIT principles of gratitude, compassion, and acceptance with the greatest emphasis, participants mentioned all five principles more than any specific AIT practices. All eight of the participants emphasized their use and consideration of AIT principles, including higher meaning and purpose and forgiveness more than the AIT practices of joyful attention and kind attention. One participant discussed her own work with forgiveness during her six-month AIT course.

The whole forgiveness piece. Things have happened in life that I didn’t want to forgive someone for, because I was hurt and angry, and they did me wrong. I didn’t understand that forgiveness was for me. I remember the first day we sat down in that class [AIT] and each month we had to practice a skill and one of them was forgiveness, and in my head I was thinking, “yeah, whatever, that is not going to happen!” I really said that in my mind but then, as I worked through the course, I did forgive this person, and you don’t have to be physically face-to-face and verbalize it. It’s part of your soul saying, “I’m forgiving. . .” It was awesome. I got for sure that huge gift out of the six-month class. It was wonderful. (Participant 3, p. 5, lines 98-108).

Another participant used the principle of higher meaning and purpose in a brain tumor support group with members experiencing anxiety, uncertainty, and depression.

And so if you can show them by going through the principles of compassion, gratitude, acceptance, meaning and purpose, that's a big one for the people at the brain tumor support group because when we talk about meaning and purpose, we go, "At what time can you think of taking a step back as actually a step forward?", "Who did you meet that maybe you wouldn't have met?", "What skills are you making stronger that you maybe didn't even realize that you had?" Creating new skills by going through this event. *It takes a lot of compassion I think to teach a person to look for the good within the bad. And we've heard back from this group that this is helping, we even had someone from the group come and take our six-month class. (Participant 1, p. 7-9, lines 152-160).*

Use of AIT Practices

There were three exceptions where participants cited examples of using AIT practices. First, five participants discussed the *joyful attention* exercise of morning gratitude. Second, one participant discussed her use of joyful attention exercises.

Amit's [Dr. Sood] work is full of ideas you can build on for interventions as well. Brief opportunities for interventions for people to get out of their ruminations. So that's another way I use the work. There's so many little things he has in his workbook that I put a spin on and use effectively...

... I might just teach a type of intervention from AIT, like FOND—find one new detail and we look at a picture, my glasses. Or, I give them some ideas on how to

practice certain things where we just start with morning gratitude.

(Participant 4, p. 2-3, lines 62-65 and 25-27).

The third exception to this theme was the use of the *kind attention* exercise of *I wish you well/Bless you*, which was noted by four participants.

Whenever I feel stressed, I'll go on a bless you walk. (Participant 1, p. 4, line 69).

Another participant discussed using this practice with others who are upset.

Dr. Sood has practical tips. So when I'm walking through the halls or when I'm in a meeting, I'll send, as he calls them, silent blessings to people. Or, if there's somebody who's irritated and they're angry and their irritation shows through, like at a meeting, I'll send a silent thought of well-being to them. That helps me to not get caught up in their stuff. It allows me to let them own their stuff. By just focusing on what I can do, which is not necessarily anything that has to do with their personal situation, but I can send them silent, positive thoughts and blessings. I do that quite a bit. (Participant 6, p. 2, lines 35-41).

AIT and CBT

Of the seven participants in direct practice, all of them in some way mentioned how AIT complements their CBT practice, especially in terms of addressing rumination for client's experiencing anxiety and depression. The following two quotes highlight this shared phenomenon. In the first quote the participant discusses her CBT approaches with clients.

The biggest thing is, I've always focused on the default mode, so depressive rumination and worried perseveration on topics, I've always focused on that and

really talked about distraction and how its important to engage your thinking on something else, but now I'm helping the client consider what they engage their thoughts with. Now, I'm adding AIT principles to this. So it's a nice add on. (Participant 7, p. 1, lines 16-20).

In a similar vein, a second participant uses AIT in his CBT approaches in adolescent outpatient mental health practice.

So just like implementing gratitude for depressed teenagers who are kind of fixated in the negative thinking loop and helping them look at gratitude. ...And we talk about changing one's thinking and focusing on the positive, again gratitude and being aware of what's going on right now. ...So I've kind of selectively used components of AIT in working with kids. Ones that I think they can grasp of, because I think some of the components of AIT are a little bit complex or abstract. So things like gratitude, thought modification, and those kinds of things, but that's CBT. So I think for me AIT solidified and confirmed some of those components. (Participant 2, p. 1, lines 7-19).

Client Impacts

Of the seven participants in direct practice, all participants experienced clients having positive outcomes from their incorporation of AIT principles or practices into therapeutic interventions. Four of the seven participants attributed client gains directly to AIT interventions; some of these examples have been quoted in the above sub-sections. Three of the seven participants believed AIT had an impact with clients, but had a difficult time citing specific client scenarios in which AIT had a significant impact. The following two quotes outline these two participant experiences, respectively.

One of my client's who's had a really long chronic illness has been in two of our groups [AIT groups in outpatient mental health], and I'm going to do a short version of a group, a deepening practice group, this month with a few clients, including him, because they've asked for it. He was really struggling with the waiting and expecting something to come his way to help him live. He would say AIT has helped him begin to let go of over thinking—being overly focused on what isn't working and starting to look at what is working in his life. And as he does this, he feels more connected to people. ...So this guy was really affected by AIT. (Participant 4, p. 6-7, lines 122-135).

Note: Participant 4 facilitates AIT groups in an outpatient mental health setting for clients with anxiety and depression. She is measuring the effectiveness of this group format using qualitative and quantitative measures yet to be published. She cited several positive qualitative client responses during our interview. She has also implemented AIT groups in Addictions at Mayo Clinic, which is now a permanent part of the Addictions therapeutic protocol.

The quote below exemplifies the three participants who believed AIT positively impacted their clients, but could not identify major client outcomes directly linked to AIT.

I can think of an adolescent girl who's dealing with depression and has dealt with depression for a long time. The component of gratitude. She ended up doing a gratitude journal, so every day writing a few things down that she's grateful for each day, and I think that's helped her. It hasn't been the pivotal point for changing her depression, but I think its been a helpful piece of her

managing her depression; a helpful skill. ...I think there are just little sparking moments that clients have using some of these principles and concepts. Again, I don't know where its gone from there, where its affected them, but I think they at least had some successful, positive experiences from some of the components.
(Participant 2, p. 3, lines 69-72 and 85-88).

Practitioner Use

All eight participants reported use of the AIT principles in their interactions with clients, coworkers, loved ones, and others. The following quote describes how one participant used the AIT principles when working with difficult clients.

One of the things I did with the AIT principles is I put them up on my board. Especially when I'm working with a patient that's kind of difficult, I look at that, and I remember the principles, and I remember which one I need to draw on to be able to work with that person. I think it is more happening to me than connection between the client and myself. My concern with some people is that maybe I've gotten into a mindset that's too narrow, and I'm kind of stuck on where to go next with them, because I've put them in this narrow box. AIT helps me open up my box and see them differently. (Participant 5, p. 1, lines 12-20).

Another participant discusses how she used AIT principles on the micro, mezzo, and macro levels.

I think it's taught me to really focus on the principles, which has an impact on all three of those levels. Even on my personal level, how I interact with my friends. Then my view of the community; again, realizing that we all have the same needs for respect and for someone to care about us. And then that had a ripple effect.

I'm just amazed with the ripple effect that it can have across the world.

(Participant 1, p. 2, lines 38-42).

Less Stress, Burnout, and Compassion Fatigue

Eight out of eight participants expressed experiencing less stress, burnout, and/or compassion fatigue or an increased sense of resilience attributable to AIT. One participant discussed her experiences of less stress, burnout, and compassion fatigue collectively.

I think practicing it [AIT], teaching it, using it in my practice—every time I do it I feel positive about offering someone hope, because its helpful. I feel good about that. It's helpful in my life that I savor things. I have less stress, less burnout, less compassion fatigue, and I really get to cultivate that. And I'm damn lucky. My stress and burnout only comes from my own thinking and this work helps me notice, "Oh, to get out of that, I just need to pay attention, in the present moment, right here, right now—tuned in, outward focused." (Participant 4, p. 5, lines 102-109).

Stress. Seven participants directly stated that AIT reduced their experiences of stress in some way. One participant said his sleeping problem ended because of AIT. The following participant quote also discusses experiences of relief from physical symptoms of stress.

I feel less stressed. I think I'm better able to manage the stress that I do have. ...I used to have a lot of headaches and back pain. And again, there is no scientific proof that AIT is what diminished that, but I can say, personally that since taking the AIT course, my headaches are very, very few and my back pain is almost

gone. I don't feel the physical stuff as much anymore as I used to. (Participant 2, p. 2-3, lines 43-49).

Burnout. One participant spoke specifically about burnout in terms of the AIT principle of acceptance, acknowledging that clients are not always ready or willing to change.

Whether or not that person [client] decides to move in that direction, or if it just isn't their time—they're not ready to do it right now. I have to be able to accept that. And that's really a hard thing, because that's why we all went into this work [social work]—because we wanted to make a difference. ...So we come into it, all of us, with that kind of mindset and worldview, and then when you start facing the realities, and sometimes it takes years, and that's where you have to avoid burnout. I think its where you don't decide, "See I'm not accomplishing anything... I'm not doing a service... I'm not making any difference." And that can lead to burnout. But instead it's understanding that everything is in its time and in its place. ...And the world will unfold as it should, and I'm not necessarily in charge of the timetable—acceptance. (Participant 5, pages 4-5, lines 81-94).

Compassion Fatigue. One participant discussed practicing AIT as filling her cup, which prevents her from experiencing compassion fatigue.

If you practice AIT and following the principles, you don't get compassion fatigue. Even though we really encourage being compassionate and spending a whole day in that and then pretty much having that be a way of life. Because, you don't have that internal focus, which fatigues you, because you're not going: "How is this impacting me?" and "Am I worn out?" and "It's draining." And

instead, if you have that external focus, it actually makes you feel . . . the best way I can explain it is like ‘your cup is being refilled’. So every interaction actually fills your cup instead of emptying it. And if you feel like you’re expending all that energy and not getting it back, then that’s when I think people have compassion fatigue. (Participant 1, p. 4-5, lines 86-97).

Community Connectedness

The final major theme is an increased sense of community connectedness felt by seven of the eight participants. Community connectedness predominately took place in the work environment, but also within the greater Rochester community. The following two excerpts display two participant experiences of increased community connectedness.

It [AIT] has strengthened some personal connections to other people in the community, and that’s been a good thing. When I got on the symposium committee, it influenced me to change the dates so we could get Amit Sood, and we were able to create an amazingly successful social work symposium—Invite people from all over the Midwest with the gift of Dr. Sood. ...I was able to witness people at the symposium last year and it was after some difficult task forces that happened in the department, and seeing people interact and walk away from that and talk about it amongst each other, definitely created an energizing, meaningful, spirited resonance and connection with each other. I think it was a positive thing for the department of social work, but also for the Mayo organization. And I feel like Dr. Sood and his work throughout Mayo has really had a positive impact throughout this place. It’s just a meaningful thing. (Participant 4, p. 4, lines 73-77 and 167-174).

I do presentations throughout the community, the brain tumor support group, parents who have children with special needs, at the University of Minnesota – Rochester for people just beginning their freshman year, and with the international community for people just coming in, there is a lot of stress for them coming to a whole new country and culture. So I've made more connections to people in the community. And I've also found here at Mayo that staff will come and talk to me, because here is someone that can actually give me some tips pretty quickly on how to start handling my stress. So more connections. (Participant 1, p. 2, lines 26-32).

Discussion

This section explores how participants may have influenced the research findings, compares the participants to sample populations in the literature, and compares and contrasts the four major themes discussed in the literature review with the seven major qualitative themes discovered in this research study. Themes unique to this study and researcher reactions are also discussed.

Participants

In many ways the participants of this study are not representative of the target population of clinical social workers. The primary reason for this is that only three of the eight participants were LICSWs, of which all three were employees of Mayo Clinic. Therefore, generalizing the results of this study to the general clinical social worker population is difficult. In fact, clinical social workers as a whole are an under-represented group of those that have completed the six-month AIT course (D. Fuehrer, personal communication, September 21, 2012). Though all three of the LICSWs interviewed for this study practiced in clinical outpatient mental health settings, their agency, Mayo Clinic is not representative of all outpatient settings.

When compared to the samples cited in the literature review, this study boasts participants from multiple helping professional disciplines, including social work, counseling, and psychology. The body of knowledge reviewed for this study included samples of social workers, counselors, and psychologists as well as teachers, nurses, and doctors. Therefore, this study's sample may be more representative of the samples in the currently body of knowledge, than it is to the specific target population of clinical social workers. It is also worth noting that clinical social workers often work in

interdisciplinary teams that include counselors, therapists, and psychologists. This study addresses this reality by the different professional credentials represented. An additional strength of the sample was seven of the eight participants were seasoned professionals with eight or more years of practice experience.

Themes

Core themes that emerged from review of the literature on mindfulness-based interventions in helping professions included stress reduction, increased awareness, self-care and well-being, and improved client outcomes. As mentioned in the *Findings* section, major themes that emerged from this study's qualitative analysis included gratitude, compassion, and acceptance; AIT principles; AIT and CBT; client impacts; practitioner use; less stress, burnout, and compassion fatigue; and community connectedness. Findings similar to those common in the literature will be discussed first followed by findings unique to this study.

Less Stress, Burnout, and Compassion Fatigue. The most prominent theme in the literature was findings suggesting that mindfulness-based interventions reduce helping professional experiences of stress (Isha, et al., 2010; McCarrigle & Walsh, 2011; Poulin, et al., 2008; Prasad, Wahner-Roeder, Cha, & Sood, 2011; Shapiro, et al., 2007; Sood, et al., 2011). Such results support the findings of this study, in which all eight participants attributed AIT to feeling less stress and/or feeling a greater sense of resiliency.

Though this study did not use the same inventories as many of the above mentioned studies, such as the *Connor Davidson Resilience Scale*, *Perceived Stress Scale*, or the *Smith Anxiety Scale*, all participants were asked the qualitative question:

How has AIT affected your overall stress level, sense of burnout, and/or experiences of compassion fatigue? All eight participants discussed decreased stress or increased resilience. Burnout and compassion fatigue will be discussed later in this section, as the literature reviewed for this study primary emphasized stress reduction alone.

Gratitude, Compassion, and Acceptance and AIT Principles. Participant experiences of utilizing the AIT principles, specifically the principles of gratitude, compassion, and acceptance elicited stronger self-awareness both within participants and their clients as outlined the *Findings* section. This is compatible with the literature review theme of increased awareness as cited in several studies: Birnbaum and Birnbaum, 2008; Brenner, 2009; Poulin, et al., 2008; and Shier and Graham, 2011.

In regards to increased awareness, participants in this study used the AIT principles to harness gratitude, compassion, and acceptance within themselves while working with clients in the moment. Brenner (2008), discussed in the literature review, found that respondents felt a high degree of awareness when meeting with clients. Another theme in Brenner was *Enhancing Acceptance*, which also coincides with the findings of this study. When participants of this study were aware of their stress, they employed the principles as a way to help manage their stress.

Self-care and well-being were not specifically addressed in the qualitative questions in this study. However, participants found AIT principles helpful to their overall well-being and/or the well-being of their clients. This corresponds to findings in the literature regarding self-care and well-being (Isha, et al., 2010; McGarrigle & Walsh, 2011; Poulin, et al., 2008; Shapiro, et al., 2007). For instance, the AIT practice of

morning gratitude or “I wish you well/Bless you” practice would be examples of practitioner self-care and well-being.

Practitioner Use and Client Impacts. The literature suggested that clients have improved outcomes from either their provider practicing mindfulness-based approaches or introducing them as an intervention (Birnbaum & Birnbaum; 2008; Brenner, 2009; Grepmaier, 2007; Kabat-Zinn, 2003; Turner, 2008). The findings from this research study are filled with examples of how practitioners have either introduced AIT to their clients or used it while working with them to improve their outcomes. Participants in this study seemed to use AIT as a means for greater self-care or well-being for themselves or for their clients. Four of the seven practicing participants cited client gains directly related to AIT interventions, and eight out of eight participants used AIT principles in their interactions with clients and others.

Unique Findings

Gratitude, Compassion, and Acceptance and AIT Principles. Though these qualitative findings were linked to the themes in the literature of self awareness and self-care and well-being, they are also unique findings to this research study. Other forms of mindfulness-based interventions may include such principles; however, AIT incorporates these principles as a central focus of practice. The findings of this study suggest that having these principles as a primary component of AIT practice has influenced the helping professionals who have taken the six-month AIT course, both personally and professionally. It is interesting to note that of the qualitative questions asked to respondents, no questions included specific language about the impact of AIT principles. However, all eight participants emphasized their use and consideration of the principles.

One may speculate that participants experienced the greatest gains from incorporating AIT principles into their work and personal lives while taking the course, causing participants to readily discuss the principles when asked how AIT has impacted them and their work.

Physiological Symptoms of Stress. Two participants in this study identified that practicing AIT also reduced their physiological symptoms of stress, including back pain, headaches, and sleeplessness. The influence of mindfulness-based interventions on reducing the physiological symptoms of stress was not reviewed in-depth in the literature. Many of the studies reviewed used numerical scales for stress, anxiety, well-being, and quality of life, and physiological symptoms of stress were not emphasized. The one exception to this is Kabat-Zinn (2003) noting several recent studies in which MBSR was seen to improve immune responsivity and skin clearing in psoriasis.

Burnout and Compassion Fatigue. Apart from Poulin, et al. (2008) using the *Maslach Burnout Inventory*, the reviewed literature in the realm of mindfulness-based approaches and helping professionals did not specifically address burnout and compassion fatigue. This research study addressed burnout and compassion fatigue by asking the question: *How has AIT affected your overall stress level, sense of burnout, and/or experiences of compassion fatigue?* Though all eight participants chose to discuss stress, half of them also discussed burnout or compassion fatigue. Those that did discuss burnout or compassion fatigue mentioned how AIT principles help to combat both.

AIT and CBT. Because none of the literature reviewed dealt specifically with practitioner use of AIT, this finding is unique to this study. Participants were asked: *How have you implemented AIT into your work? If possible, please provide one concrete*

example and *How has AIT training influenced your work with clients?* All seven of the practicing participants responded that they use AIT to complement their CBT interventions. This is interesting in particular because the participants were not directly asked about the use of AIT with CBT, yet all of them responded in some way that they use AIT with CBT.

Community Connectedness. The last major unique finding of this research study is the theme of community connectedness, in which seven of eight participants felt an increased sense of community connectedness attributable to AIT. Participants were asked: *How has AIT training impacted your interactions with your workplace (agency) and/or community?* Thus, this question did prompt participants to address community impacts. However, a primary component of AIT is getting outside of one's self, which seems to be what the participants were practicing. Community connectedness was felt both within the workplace community (predominantly Mayo Clinic) and in participants' communities.

Macro-level Considerations. Noteworthy in the findings is that the macro-level question: *How do you believe AIT has influenced the way in which you view and/or act in the broader social context?* garnered some response, but not enough to compete with the major themes. Because altruism is one of Sood's four major goals of AIT (Sood, 2010), this researcher anticipated participants would express having fostered a greater sense of altruism because of AIT, however this was not apparent.

Sood (2010) writes, "A genuine selfless concern for the welfare of others is an essential ingredient toward individual wellness and happiness. Such a focus is also likely to enhance individual relationships. . ." (p. 119). Though all eight participants expressed

their concern for the welfare of others, none of them used the terms altruism or selfless concern. A question directly related to this was purposely excluded in the interview schedule to prevent leading questions. The fact that all participants were helping professionals, they may already possess a macro-level focus that considers all people, especially the poor, vulnerable, and disadvantaged. Also, the macro lens is not emphasized in the clinical training of non-social workers, which included half of the sample.

Researcher Reaction

All participants were very responsive to scheduling interviews. The two participants outside Mayo Clinic expressed their willingness to interview over the phone and interviews were conducted that way. All participants seemed to be very genuine and present during interviews. The degree to which AIT had impacted participants and their clients was powerful and moving. Also striking was the positive impact participants attributed AIT to their work environments and communities. This researcher found the research process exciting because of the opportunities it presented to meet helping professionals in the field that are practicing AIT as well as to hear their unique impressions and experiences using it. It was encouraging to hear about the benefits that participants have experienced from learning and incorporating AIT into their personal and professional lives.

Limitations and Implications for Future Research

The four major limitations of this research study include sample size, sample scope and selection bias, interview schedule, and ability to replicate. Provided below are recommendations for each limitation followed by the implications of this study for social work practice, policy, and future research.

Sample Size

This research project consisted of only eight qualitative research participants, which makes generalizing these findings impossible, especially given that a small number of LICSWs have actually completed the six-month AIT course. A recommendation for future research would be to increase the sample size. Developers of AIT hope to increase the amount of professionals completing the six-month AIT course. As more helping professionals, including LICSWs take the six-month course, there will be a larger sample population to draw from.

Sample Scope and Selection Bias

Six of the eight participants in this study were Mayo Clinic employees, and five of the participants identified as Caucasian. Therefore, the sample is not representative of the general population. Only three of the participants were LICSWs, limiting the influence of social workers in the findings. Participants in this study all took the six-month AIT course out of personal interest, which suggests their partiality to mindfulness-based practices. Those who chose to participate in this study most likely place high value on the AIT model. Recommendation for future research as AIT develops would be to get a larger sample of LICSWs working in a variety of settings outside of Mayo Clinic that may or may not have participated in the AIT course out of personal interest. This will be

possible as agencies and institutions beyond Mayo Clinic are exposed to AIT, which is currently taking place through outreach of AIT developers. It may also be interesting to interview helping professionals who have taken the six-month course but report sparsely using AIT or not using AIT at all. A sample of clients with practitioners using AIT compared to clients with practitioners not using AIT is also recommended. Analysis could be centered around comparing client therapeutic outcomes between the two groups.

Interview Schedule

Three participants noted that Question 4: *How do you believe AIT has influenced the way in which you view and/or act in the broader social context?* was difficult to answer or to understand. Questions 1, 2, and 6 respectively: *How have you implemented AIT into your work? If possible, please provide one concrete example; How has AIT training influenced your work with clients?; and Would you be willing to share a story with a particular client (individual, family, group, organization, or community) in whom AIT has had an impact?* seemed to be too similar. The interview schedule excluded questions critical of AIT or recommendations to improve AIT. A recommendation for future research would be more careful consideration and review of the interview schedule ensuring no duplicate questions or confusing questions are asked, and providing participants the chance to express their critiques or limitations of AIT or their suggestions for improving it, though this was not the aim of the current exploratory research study. An anonymous survey may garner criticism and suggestions for improving AIT more so than qualitative interviews.

Ability to Replicate

The ability to replicate this study is difficult because dates that participants took the six-month AIT course varied. The first eight helping professionals agreeable to interview were interviewed. A recommendation for future research would be a longitudinal study in which a group of LICSWs participating in the same 6-month AIT course would be surveyed or interviewed directly after taking the course, 6 months after taking the course, and a year after taking the course as a way to standardize the sample and replicate the study design. However, LICSWs practice in a range of settings with various populations, so specific settings such as adult inpatient psychiatry or outpatient oncology may make it easy for future studies to be replicated.

Implications for Social Work Practice

All seven of the major themes that emerged in this study suggest implications to social work practice. For instance, AIT principles had a tremendous impact on both practitioners and clients, specifically with clients dealing with chronic illness, terminal illness, or those illnesses as experienced by a loved one. These findings suggest that helping professionals and clients use these principles to change their focus, be more present, and better cope with difficult feelings, situations, and stress. Therefore, practitioner and client experiences suggest enhanced ability to regulate affect and stress.

Another major finding is that practitioners are using AIT with CBT to enhance their therapeutic interventions with clients, of which half of the participants found that AIT directly contributed to client gains. Therefore, presenting components of AIT in concert with CBT interventions, may improve client outcomes. Practitioner personal use and community connectedness also influence social work practice. All eight participants

used AIT principles in their interactions with clients, coworkers, loved ones, and others. They all attributed AIT to enhancing their interactions, and in some cases improving the therapeutic relationship. As social workers are also called to engage in their communities and promote change at the community level, seven of the eight respondents felt a greater sense of community connectedness.

Implications for Social Work Policy

The major implication for social work policy to come out of this research study is that social work is an inherently challenging and stressful profession. In order to meet the profession's values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence, agencies must be responsive to education and training that helps practitioners actualize these values. In a resource constrained agency environment, further research should consider evaluating client outcomes as a way of responding to the need for evidence-based practice. Such research may facilitate agency decision-makers to recognize AIT as a legitimate intervention and provide resources for agency personnel to be trained in AIT.

Implications for Social Work Research

As mentioned above, further qualitative and quantitative research should be conducted in regards to AIT impacting client outcomes, specifically how practitioners are using AIT with CBT to enhance client outcomes. Also, further research could explore the relationship between the professional values of social work and AIT to see how AIT directly impacts practitioner adherence to these values. AIT seems to positively influence the workplace environment. Thus, further research could also investigate how the workplace environment impacts both practitioners and clients.

Finally, missing also from this study is the relationship between macro-level practice and AIT. This researcher expected to find practitioners to be more engaged in macro-level practice due to completing the AIT course. However, this was not the case. One reason for this is that perhaps the participants were more focused on micro-level practice and experienced time constraints within their work environments, thus limiting macro-level considerations. Further research could specifically investigate why those in clinical settings but trained in AIT seem to lack increased macro-level social work involvement.

Conclusion

The purpose of this study was to address the research question: What is the impact of AIT on helping professionals? A qualitative approach was taken as this study was meant to be exploratory in nature. A major strength of this study was the qualitative interviews that provided depth to the AIT research base. Another strength is the inductive approach that allowed themes to emerge organically from participant voices. Richness in perspective also came from having three disciplines represented with participants working with various populations. A final strength is that AIT provides concrete guidelines for social workers to implement self care strategies, and self care is a key concept in social work.

Seven major themes emerged that addressed the research question, including gratitude, compassion, and acceptance; AIT principles; AIT and CBT; client impacts; practitioner use; less stress, burnout, and compassion fatigue; and community connectedness. What is most apparent from the data analysis and these themes is that all participants have been greatly affected by AIT in some way both personally or professionally. Also apparent is that clients have benefited from participants incorporating AIT into their practice.

The mission of social work remains “to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.” (NASW, 2008, p. 1). The four main desired outcomes of AIT are peace, joy, resilience, and altruism (Sood, 2010). Ultimately the desired outcomes of AIT attempt to address the mission of social work—to enhance human well-being. It remains necessary in the field

of social work to consider the benefits of mindfulness-based interventions, such as AIT, to both practitioners and clients, as the body of knowledge overwhelming suggests that such benefits exist. The following three participants exemplify this sentiment.

I think its an enriching experience. I think it [AIT] is complementary to what psychologists do and it provides another language that's accessible to people. There isn't any of it that I think runs counter to evidence-based psychotherapies the we use. So I would say that it enriches what we do and it helps keep us healthy while we're doing it. (Participant 7, p. 3, lines 44-47).

That class [AIT] was a goldmine. It was the most meaningful thing I've ever learned. I would love to see everybody take it and learn that way of life. I've used it a lot and have helped a lot of people with it. (Participant 3, p. 6, lines 115-118).

Bottom line, its freaking fun to bring this stuff [AIT principles and practices] to loved ones, to family members, to patients, and colleagues, because I'll tell you, it has made a positive difference for the people I'm around here [coworkers] and the patients I'm working with. (Participant 4, p. 9, lines 191-193).

References

- Agresta, J. (2006). Job satisfaction among school social workers: The role of interprofessional relationships and professional role discrepancy. *Journal of Social Service Research*, Vol. 33 (1), 47-52. Haworth Press, Inc.
- Barker, R. (2003). *The social work dictionary*. [5th Edition]. NASW Press.
- Berg, B. (2009). *Qualitative research methods for social science*. [Seventh Edition]. Allyn & Bacon: Boston, MA.
- Birnbaum, L. (2005). Connecting to inner guidance: Mindfulness meditation and transformation of professional self-concept in social work students. *Critical Social Work*, Vol. 6, No. 2.
- Birnbaum, L. & Birnbaum, A. (2008). Mindful social work: From theory to practice. *Journal of Religion & Spirituality In Social Work: Social Thought*, Vol. 27, 87-104.
- Butler, B. (1990). Job satisfaction: Management's continuing challenge. *Social Work*, Vol. 35, 112-117.
- Cowley, A. (1993). Transpersonal social work: A theory for the 1990s. *Social Work*, Vol. 38, No. 5, 527-534.
- Cowley, A. & Derezotes, D. (1994). Transpersonal psychology and social work education. *Journal of Social Work Education*, Vol. 30, No. 1, 32-41.
- Davidson, R., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., Muller, D., Santorelli, S., ... Sheridan, J. (2003). Alterations in the brain and immune function produced by mindfulness meditation. *Psychosomatic Medicine*, Vol. 65, 564-570.

- Elpers, K. & Westhuis, D. (2008). Organizational leadership and its impact on social workers' job satisfaction: A national study. *Administration in Social Work*, Vol. 32 (3), 26-43.
- Feigenbaum, J. (2007). Dialectical behavior therapy: An increasing evidence base. *Journal of Mental Health*, Vol. 16, No. 1, 51-68.
- Fuehrer, D. (2012). SMART program Research [unpublished document]. Mayo Clinic, Rochester, MN.
- Hubble, Mark A. (Ed); Duncan, Barry L. (Ed); Miller, Scott D. (Ed), (1999). *The heart and soul of change: What works in therapy*. Washington, DC, US: American Psychological Association.
- Jayarathne, S. & Chess, W. (1984). Job satisfaction, burnout, and turnover: A national study. *Social Work*, Vol. 29, 448-453.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144-156.
- Kenny, M.A. & Williams, J.M.G. (2007). Treatment-resistant depressed patients show a good response to mindfulness-based cognitive therapy. *Behavior Research and Therapy*, Vol. 45, 617-625.
- Lambert, M., Norcross, J., Goldfried, M. (1992). Psychotherapy outcome research: Implications for integrative and eclectic therapists. *Handbook of Psychotherapy Integration*. New York, NY, US: Basic Books.
- McGarrigle, T. & Walsh, C. (2011). Mindfulness, self-care, and wellness in social work: Effects of contemplative training. *Journal of Religion & Spirituality in Social Work: Social Thought*, Vol. 30, 212-233.

Miley, K.K., O'Melia, M.O. & DuBoise, B. (2011). Generalist social work practice.

(Updated 6th Ed.). Boston: Allyn & Bacon.

Monette, D., Sullivan, T., & DeJong, C. (2011). Applied social research: A tool for

human services. Brook/Cole: Belmont, CA.

Montgomery, K., Kim, J., & Franklin, C. (2011). Acceptance and commitment therapy

for psychological and physiological illness: A systemic review for social workers.

Health and Social Work, Vol. 36, No. 3, 169-181. NASW.

National Association of Social Workers. (2008). Code of ethics. Washington, DC:

NASW.

Pamperin, B. (1987). Creative school social workers and job satisfaction. *Social Work*

in Education, Vol. 10, 60-71.

Poulin, P., Mackenzie, C., Soloway, G. & Karayolas, E. (2008). *International Journal of*

Health Promotion & Education, Vol. 46, No. 2, 35-43.

Prasad, K., Wahner-Roedler, D., Cha, S. & Sood, A. (2011). Effect of a single-session

mediation training to reduce stress and improve quality of life among health care

professionals: A “dose-ranging” feasibility study. *Alternative Therapies in Health*

& Medicine, May/June, Vol. 17. No. 3.

Raffone, A., Tagini, A., Srinivasan, N. (2010). Imagining the Buddhist brain:

Mindfulness and the cognitive neuroscience of attention and awareness. *Zygon:*

Journal of Religion and Science, Vol. 45, No. 3, 627-646.

Redmond, B., Guerin, S. & Devitt, C. (2008). Attitudes, perceptions and concerns of

student social workers: First two years of a longitudinal study. *Social Work*

Education, Vol. 27, No. 8, Dec., 868-882.

- Schwartz, A. (2007). How goal orientation match between social workers and their supervisors impacts social workers' job satisfaction: A theoretical exploration. *The Clinical Supervisor*, Vol. 26 (1/2). Haworth Press, Inc.
- Shapiro, S., Brown, K. & Biegel, M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, Vol. 1, No. 2, 105-115.
- Shier, M. & Graham, J. (2011). Mindfulness, subjective well-being, and social work: Insight into their interconnection from social work practitioners. *Social Work Education*, Vol. 30, No. 1, 29-44.
- Siegel, D. (2007). The mindful brain: Reflection and attunement in the cultivation of well-being. *W. W. Norton & Company, Inc.* New York, NY.
- Sipe, W. & Eisendrath, S. (2012). Mindfulness-based cognitive therapy: theory and practice. *The Canadian Journal of Psychiatry*, Vol. 57, No. 2, 63-69
- Social Work for Social Justice: Ten Principles [Unpublished pamphlet] (2006). St. Paul, MN: St. Catherine University/University of St. Thomas School of Social Work.
- Sood, A. (2010). Train your brain...engage your heart...transform your life. *Morning Dew*: Rochester, MN.
- Sood, A. (2012). Stress management and resiliency training (SMART) program: Attention and interpretation therapy. [Session Handout]. Morning Dew Publications: Rochester, MN.
- Sood, A., Prasad, K., Schroeder, D., & Varkey, P. (2011). Stress management and resilience training among department of medicine faculty: A pilot randomized

clinical trial. *Complementary and Integrative Medicine Program*, Mayo Clinic:
Rochester, MN.

Staudt, M. (1997). Correlates of job satisfaction in school social work. *Social Work in Education*, Vol. 19 (1), 43-51.

Stein, D., Ives-Deliperi, V., & Thomas, K. (2005). Psychobiology of Mindfulness. *CNS Spectrum*, Vol. 13, No. 9, 752-756.

Tacon, A., Caldera, Y., & Ronagham, C. (2004). Mindfulness-based stressed reduction in women with breast cancer. *Families, Systems, & Health*, Vol. 22, No. 2, 193-203.

Turner, K. (2009). Mindfulness: The present moment in clinical social work. *Clinical Social Work Journal*. Vol. 37, 95-103.

Williams, I., Richardson, T., Moore, D., Gambrel, L. & Keeling, M. (2010). Perspectives on self-care. *Journal of Creativity in Mental Health*, Vol. 5, 321-338.

Appendix I

Participant Letter

Brady Voigt

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Date: February 18, 2013

Mr. John Smith, LICSW
200 First Street S.W.
Rochester, MN 55905

Dear Mr. Smith,

I am conducting a qualitative research project as part of my graduation requirements for my master's of social work degree from St. Catherine University and the University of St. Thomas in St. Paul, MN. Debbie Fuehrer, AIT research coordinator at Mayo Clinic, provided your contact information to me because you have completed formal AIT training and are employed as a social worker, counselor, or psychologist. **The intent of this letter is to ask you to be a research participant in my study**, which has been approved by the Institutional Review Board at St. Catherine University.

My study attempts to address the research question: What is the impact of AIT on helping professionals? This study is exploratory in nature, providing the opportunity for participants to elaborate on how AIT has impacted them professionally. If you decide to participate, you will be asked to participate in a one-to-one audiotaped interview approximately one hour in length with me at your place of employment or the local library at your convenience during the months of February or March 2013.

Attached to this letter is a consent form and interview schedule for your review. Participation in this study is voluntary and you may withdraw from this study at any time. I ask that you review the attached information thoroughly and kindly get back to me within the **next two weeks** indicating whether or not you are interested in participating. Just prior to the interview taking place, you will be asked to review the consent form once more and be given an opportunity to ask questions. The consent form will then be signed and the interview conducted, lasting approximately one hour in length.

I sincerely thank you for your time,

Brady Voigt – Please feel free to contact me with any questions or concerns.

Master's of Social Work Student – St. Catherine University & University of St. Thomas – St. Paul, MN.

Appendix II

Consent Form

The Impact of Attention and Interpretation Therapy (AIT) on the Practitioner: Beneficial for Helping Professionals?

Introduction:

You are invited to participate in a research study investigating the impact of Attention and Interpretation Therapy (AIT) on the work of helping professionals. This study is being conducted by Brady Voigt, a graduate student at St. Catherine University and the University of St. Thomas School of Social Work under the supervision of Dr. Michael Chovanec, a faculty member there. Debbie Fuehrer, AIT Research Coordinator at Mayo Clinic, selected you as a potential participant in this research because you have received formal AIT training and work as a helping professional in the areas of social work, counseling, or psychology. Please read this form and ask questions before you agree to be in the study.

Background Information:

The purpose of this study is to address the research question: What is the impact of AIT on helping professionals? AIT is a mindfulness-based stress reduction and resiliency model developed by Dr. Amit Sood of Mayo Clinic. This study is exploratory in nature, providing the opportunity for participants to elaborate on how AIT has impacted them professionally. Approximately eight to ten people are expected to participate in this qualitative research study.

Procedures:

If you decide to participate, you will be asked to participate in an audiotaped interview with me, Brady Voigt, at your place of employment during February and March 2013. The interview will be approximately one hour in length, addressing seven questions regarding your professional work and experiences with AIT. Upon completion of the interview, I will transcribe the audio recording using my password-protected personal computer. The transcribed interview data will contain no identifying information as to you as a participant.

Risks and Benefits of being in the study:

The study has minimal risks. No questions will be asked in the interview that could be considered risky or personally sensitive in nature. However, in the event that any questions asked in the interview make you feel uncomfortable, you may choose not to answer. Participation in the study is voluntary and you may discontinue your participation in the study at any time.

There are no direct benefits to you for participating in this research.

Confidentiality:

Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept confidential. In any written reports or publications, no one will be identified or identifiable. Data for this study includes audio recordings, transcripts, and field notes. If you wish, a paper copy of the transcript can be mailed to you.

I will keep the research results in a locked drawer in my home office and only I and my advisor will have access to the records while I work on this project. I will finish analyzing the data by May 2013. I will then destroy all original reports and identifying information that can be linked back to you. Audio recordings will be conducted on my laptop computer and will only be accessible to me. Audio recordings will be erased in May 2013.

Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University/University of St. Thomas or me in any way. If you decide to participate, you are free to stop at any time without affecting these relationships. Should you decide to withdraw data collected about you, your data will be destroyed and not used. You are free to skip any question I may ask.

Contacts and questions:

If you have any questions, please feel free to contact me, Brady Voigt, at (507) 438.8915 or voig4583@stthomas.edu. You may ask questions now, or if you have any additional questions later, my faculty advisor, Dr. Michael Chovanec, will also be happy to answer them. He can be reached at (651) 690.8722 or mgchovanec@stkate.edu. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher and advisor, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690.7739.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time.

I consent to participate in the study, and I agree to be interviewed and audiotaped.

Signature of Participant

Date

Signature of Researcher

Date

Appendix III

Interview Schedule

The Impact of Attention and Interpretation Therapy (AIT) on the Practitioner: Beneficial for Helping Professionals?

*Please review ALL of the questions and complete the **eight** demographic questions prior to your interview scheduled for (date and location)_____ at (time)_____

Demographic Questions

- 1) What is your professional credential?
LSW ____ LGSW ____ LICSW ____ LISW ____ LMFT ____ LPC ____ LPCC ____ LP ____ Other _____
- 2) What is your professional role? _____
(i.e.: case manager, mental health therapist, addictions counselor, corrections officer, etc.)
- 3) How long have you been in practice? ____ years.
- 4) When did you complete AIT training? _____
- 5) Have you participated in mindfulness-based trainings other than AIT?
Yes ____ No ____ if so, what other experiences have you had? _____

(i.e. Mindfulness-Based Stress Reduction [MBSR])
- 6) Are you female ____ male ____ or transgender? ____
- 7) What is your racial/cultural identity? _____
- 8) What prompted you to participate in AIT training?
Personal Interest ____ Agency Requirement ____ Other _____

Substantive Questions

- 1) How have you implemented AIT into your work? If possible, please provide one concrete example.
- 2) How has AIT training influenced your work with clients?
- 3) How has AIT training impacted your interactions with your workplace (agency) and/or community?
- 4) How do you believe AIT has influenced the way in which you view and/or act in the broader social context?
- 5) How has AIT affected your overall stress level, sense of burnout, and/or experiences of compassion fatigue?
- 6) Would you be willing to share a story with a particular client (individual, family, group, organization, or community) in whom AIT has had an impact?
- 7) Lastly, is there anything else you would like to share regarding your experiences learning and practicing AIT as a helping professional?

Appendix IV**Mayo Clinic Document of Approval**